



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600001

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEWATER RESTAURANTS, INC

DOING BUSINESS AS BARRETT'S ALEHOUSE

ADDRESS 425 BEDFORD ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: BARRETT, RUTH TYPE OF LICENSE: Restaurant
A

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT FOYER, MAIN ROOM HAS HORSESHOE BAR. FUNCTION ROOM WITH SERVICE
BAR, KITCHEN, WALK IN COOLER, LIQUOR ROOM AND 2 RESTROOMS MAIN ENTRANCE
IN FRONT FOYER, 2 LEFT SIDE AND 2 RIGHT SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600003

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THIRTY NINE BROAD STREET PUB INC

DOING BUSINESS AS 39 BROAD STREET PUB FEATURING THE BLACK IRISH GRIL

ADDRESS 39 BROAD ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: AGRESTA,
MICHAEL A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE BUILDING; DINING ROOM WITH BOOTHS AND KITCHEN, TWO RESTROOMS,
ENTRANCE IN FRONT WITH REAR DOOR FOR EMERGENCY EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600005

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CRISPI'S INC.

DOING BUSINESS AS CRISPI'S ITALIAN CUISINE

ADDRESS 136 BROAD ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: FALCONEIRI,
CRISPI S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON STREET FLOOR; CELLAR USED FOR STORAGE, TWO ENTRANCES IN FRONT; TWO SIDE DOORS; AND ONE DOOR IN REAR; NEW ADDITION IN REAR 12 X 24 FOR STORAGE

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(If disapproved explain)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600006

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PORTUGUESE HOLY GHOST SOCIETY

DOING BUSINESS AS OF BRIDGEWATER INC.

ADDRESS 352 BROAD ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: DeCHAVES, JOSE TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL STEEL BUILDING, 2 ROOMS CONSISTING OF KITCHEN, HALL, TWO BATHROOMS AND BOILER ROOM

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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LOCAL LICENSING AUTHORITY

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600010

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEWATER VETS. INC., THE

DOING BUSINESS AS

ADDRESS COTTAGE ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: REES, ROBERT W. TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, 13 ROOMS ON FIRST FLOOR, 2 ROOMS ON SECOND FLOOR

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600011

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE RIVIERA CAFE, INC

DOING BUSINESS AS THE RIVIERA CAFE

ADDRESS CRAPO & BROAD ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: DIXON, GEORGE TYPE OF LICENSE: Restaurant
E III

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY WOOD FRAME BLDG WITH TWO FRONT ENTRANCES AND TWO BACK
ENTRANCES. KITCHEN, STORAGE ROOM AND BARBEQUE AT REAR OF BLDG 17.8X22 FT
DECK WITH CONTINUOUS RAILING FOR ENCLOSURE WITH CANOPY COVERING AND
CONTAINING TABLES AND SEATING. OUTDOOR AREA INCLUDES A FENCED-IN AREA
THAT IS NINE FT WIDE AND FIFTY-TWO LONG. THE FENCED-IN AREA SHALL HAVE TWO
EMERGENCY EXITS WITH PANIC HARDWARE AND EMERGENCY LIGHTING. THE NEW
AREA WILL BE AN ADDITIONAL 20 X 52 FENCED AREA

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600012

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEWATER CITIZENS CLUB INC

DOING BUSINESS A

ADDRESS 60 HALE ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: BROOKS, JANET TYPE OF LICENSE: Club
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WITH CELLAR; FIRST FLOOR CONTAINS BAR AND MEETING HALL; CELLAR
FOR STORAGE; KITCHEN AND DINING HALL FOR ANNUAL PARTY OF MEMBERS; FENCED
IN BACKYARD

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600014

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LINCOLN ATHLETIC ASSOCIATION, INC.

DOING BUSINESS AS

ADDRESS 150 HIGH ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: REVIL, PAUL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, HALL, BAR, THREE, KITCHEN AND STOREROOM. FENCED-IN BACK YARD
AREA AND DECK.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600015

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FORTY-NINER'S CLUB INC

DOING BUSINESS A

ADDRESS 161 HIGH ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: DELFINO,
MICHAEL P.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOOR, CELLAR. FIRST FLOOR HAS THREE ROOMS AND SHOWER; SECOND FLOOR HAS WALK IN COOLER AND SMALL STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600017

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EMANUEL O. TILIAKOS

DOING BUSINESS AS NICK & ANGELO'S PIZZA PLACE

ADDRESS 2105 PLYMOUTH ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: TILIAKOS,
EMANUEL O.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR; DINING ROOM(3 DOORS) KITCHEN (1 DOOR) TWO BATHROOMS; UPSTAIRS-
ONE ROOM FOR OFFICE AND STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600018

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POLISH SOCIETY OF FRATERNAL

DOING BUSINESS AS AID OF OUR LADY OF OSTRABRAMA

ADDRESS REAR 127 SPRING ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: REVIL, ROBERT M.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR, ROOM USED FOR STORAGE, DANCE HALL, KITCHEN STORAGE ROOM AND 2 REST ROOMS. ADDITIONS TO FRONT OF BLDG FOYER WITH EXITS ADDITIONS TO REAR OF BLDG WITH TWO EXITS FOR STORAGE AND KITCHEN ENLARGEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600020

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MAUREEN HESS

DOING BUSINESS AS OUR PLACE

ADDRESS 14 SUMMER ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: HESS, MAUREEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

OUTSIDE ADDITIONS CONSIST OF 10'X 14' CEMENT SLAB DECK ON LEFT SIDE OF BLDG. W/ CLEAR PLASTIC SCREENING, ENCLOSED BY 4' RAIL- ING AND FULL AWNING AND A 12'X 22' WOODEN PORCH WITH CONCRETE DECK AT RIGHT SIDE OF BLDG. ENCLOSED W/ 4' WOOD RAILING & FULL AWNING.

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600022

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEWATER DISCOUNT LIQUOR, INC

DOING BUSINESS AS

ADDRESS 25 BROAD STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: PROSPER, KEVIN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
C.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 SMALL ROOMS, BOILER ROOM, STORAGE ROOM AND ONE CLOSET. NEW ADDITION; 2
FLOORS. GROUND FLOOR FOR STORAGE; SECOND FLOOR OFFICES. 35 BROAD ST; ONE
FLOOR AND 2 ROOMS WITH ALLY ENTRANCE, 5 FT PASSAGEWAY

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600023

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RBSBW, INC.

DOING BUSINESS A ROCHE BROS. SUPERMARKETS

ADDRESS 233 BROAD STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: ROCHE, PATRICK E. JR. TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SUPERMARKET WITH 19000 SQ FT OF RETAIL SPACE WITH A MAIN CUSTOMER ENTRANCE AT SOUTHEAST CORNER. STORAGE IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600024

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G. A. RUSSO INCORPORATED

DOING BUSINESS AS RUSSO'S FINE WINE & SPIRITS

ADDRESS 455 BEDFORD ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: RUSSO, GREG A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH STORAGE SPACE, DISPLAY AREA, SERVICE COUNTER AND TWO RESTROOMS. MAIN ENTRANCE IN FRONT WITH BACK DOOR FOR DELIVERIES AND EMERGENCY EXIT

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600025

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ASSINIPPI LIQUORS INC

DOING BUSINESS AS

ADDRESS BEDFORD & WINTER ST.

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: Langton, Joseph

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

150 SQ FT OF COLD STORAGE AND DISPLAY. 20 LINEAR FT OF WARM SALES DISPLAY
AND 70 SQ FT OF BACKROOM STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600026

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Prishana Corporation, Inc

DOING BUSINESS A Starr Liquors

ADDRESS 460 PLEASANT STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: Patel, Dipesh

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 3 ROOMS AND WALK IN ADDITION. NEW ADDITION 2 FLOORS CONSISTING OF STOCK ROOM, BOTTLE RETURN ROOM AND OFFICE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600028

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHREE AMBE CORPORATION

DOING BUSINESS AS SKIP'S LIQUORS

ADDRESS 98-100 PLYMOUTH STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: PATEL, AMISH P.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM WITH BACKROOM AND CELLAR FOR STORAGE. 98 PLYMOUTH ST USED FOR STORAGE, 100 PLYMOUTH ST IS SALESROOM; BACKROOM AND CELLAR USED FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600030

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RONALD J. EMMA

DOING BUSINESS AS EMMA'S PUB & PIZZA DOWNTOWN

ADDRESS 128 BROAD STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: EMMA, RONALD
JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

16 HUNDRED SQ. FOOT BLDG W/ ENTRANCES ON FRONT & SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600034

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PETER E. BERNIER

DOING BUSINESS AS A.L. BERNIER'S GROCERY STORE

ADDRESS 905 PLYMOUTH STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: BERNIER, PETER E TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO ROOMS AND NO CELLAR. FRONT AND REAR ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600040

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEN & CHING, INC

DOING BUSINESS AS THE IMPERIAL KITCHEN

ADDRESS 341 BROAD ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: WANG, CHEN-
CHU

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE AND WOOD BLDG WITH 112 SQ FT STORAGE ROOM ADDITION IN REAR. KITCHEN IS 20X30, DINING AREA IS 40X30 FT. TWO EMERGENCY EXITS AND ONE ENTRANCE TO PARKING LOT AND FRONT FOYER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600044

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 99 RESTAURANTS OF BOSTON LLC

DOING BUSINESS AS 99 RESTAURANT-PUBS

ADDRESS 233 BROAD STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: PELTIER,CHRISTO TYPE OF LICENSE: Restaurant
PHER G.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 5500 SQ FT BUILDING CONTAINING 160 SEAT RESTAURANT INCLUDING 30 SEATS AT BAR, KITCHEN, EMPLOYEE LOUNGE AND DRESSING AREA, STORAGE ROOMS, OFFICE AND BATHROOMS...TWO MAIN ENTRANCES IN FRONT; FIRE EXITS ON EACH SIDE OF BUILDING IN ADDITION TO TWO REAR ENTRANCES..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600045

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RONALD JOHN EMMA

DOING BUSINESS AS EMMA'S PUB & PIZZA

ADDRESS 1420 PLEASANT STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: EMMA, RONALD J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF 4,200 SQ.FT. BRICK BLDG. 137 SEAT REST. WITH BAR, KITCHEN, STORAGE ROOM, WALK-IN COOLER & FREEZER; 2 RESTROOMS & 30 SEAT FENCED IN AWNING COVERED PATIO WITH 31 FT. BAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600047

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEWATER STATE COLLEGE

DOING BUSINESS A RONDILEAU CAMPUS CENTER-FORMAL DINING ROOM

ADDRESS 1 PARK AVE

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02325

MANAGER: BOOTHBY, GARY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FORMAL DINING ROOM ON MAIN FLOOR AND MAIN BALL ROOM ON TOP FLOOR,
FUNCTION ROOM-GROUND FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600049

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRACY THAI-RIT

DOING BUSINESS AS THE CHATTA BOX

ADDRESS 755 BEDFORD ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: THAI-RIT, TRACY TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1700 SF RESTAURANT CONTAINING A 54 SEAT DINING AREA AND SERVICE BAR,
KITCHEN, STORAGE AREA AND TWO RESTROOMS. MAIN ENTRANCE IN FRONT WITH
REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600051

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LABAKI, INC

DOING BUSINESS AS 106 MINI MART

ADDRESS 02107A PLYMOUTH ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: LABAKI, A.
MICHEL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1550 SQ FT WITH DISPLAY ROOM,, STORAGE SPACE, FRONT ENTRANCE AND BACK DOOR
FOR DELIVERIES AND USE AS AN EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600053

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIDGEWATER BUILDING ASSOCIATES, INC

DOING BUSINESS AS BRIDGEWATER NIGHTS OF COLUMBUS, #488

ADDRESS 582 BEDFORD STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: ZONFRELLI,
ANTHONY D

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6,960 SQFT ONE STORY BUILDING PROVIDING A FUNCTION HALL, MEMBERS MEETING AREA AND LOUNGE, BAR FACILITIES AND FULL KITCHEN. MAIN ENTRANCE AND EXIT WILL BE AT THE FRONT OF THE BUILDING FACING BEDFORD STREET. EXITS AT THE SIDE AND BACK OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600055

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANGELO D'EMILIA

DOING BUSINESS A CENTRAL SQUARE RESTAURANT

ADDRESS 35 CENTRAL SQUARE

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3000 SQ FT MASONARY BUILDING CONTAINING AN 81 SEAT DINING AREA, INCLUDING BAR, KITCHEN, AND BASEMENT FOR STORAGE AND TWO RESTROOMS. MAIN ENTRANCE IN FRONT WITH ONE REAR EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600056

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANDY & BETTY CORPORATION

DOING BUSINESS AS MEE KING GARDEN

ADDRESS 33 MAIN STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: TSANG, KEVIN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX 3238 SF OF SPACE CONTAINING A LOUNGE, DINING ROOM, KITCHEN,
RESTROOMS WITH MAIN ENTRANCE/EXIT IN FRONT AND ONE REAR EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600057

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: N.A.R.H., INC

DOING BUSINESS AS WINE, BEER & MORE

ADDRESS 1440 PLEASANT ST

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: HAUVUY, ALAIN R., JR TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1250 SQ FT, CONCRETE BLOCK BUILDING, TWO ROOMS FOR RETAIL SPACE, STORAGE
AND COOLER WITH FRONT AND REAR ENTRY/EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600058

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MPG BRIDGEWATER LLC

DOING BUSINESS A 7-ELEVEN

ADDRESS 155 BROAD STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: GARRETT, PETER J. TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2700 SF CONVENIENCE STORE WITH ONE MAIN ENTRANCE IN FRONT AND ONE SIDE EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600060

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CASTAWAY'S AT OLDE SCOTLAND LINKS INC.

DOING BUSINESS AS

ADDRESS 695 PINE STREET-OLD SCOTLAND

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: O'Leary, Timothy P. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3,500 SQ.FT. PAVILION AND 24' X 24' SNACK SHACK WITH OUTSIDE ATTACHED PATIO.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600061

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAENG SOPHON CORPORATION

DOING BUSINESS AS SUGAR CANE

ADDRESS 180 WINTER STREET UNIT A

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: WUNNARAT,
REMGKASETKIG

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF A 1,180 SQ.FT. CONSISTING OF DINING ROOM, KITCHEN AND BATHROOM
WITH FRONT ENTRANCE FROM PARKING AREA AND REAR ENTRANCE FROM KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600062

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SANJ CORPORATION

DOING BUSINESS AS PRISCO'S MARKET

ADDRESS 8 ROMNEY ROAD

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: PRISCO, STEPHEN TYPE OF LICENSE: Package Store
W.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THERE ARE TWO ENTRANCES/EXITS TO THE PREMISES BOTH LOCATED AT THE FRONT
OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600063

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEW ENGLAND FARMS INC.

DOING BUSINESS AS

ADDRESS 1385 PLEASANT STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: PRATT, THOMAS

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2990 SF SINGLE STORY CONVENIENCE STORE AND GAS STATION WITH ONE MAIN
ENTRANCE/EXIT AND ONE REAR EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 013600065

CITY OR TOWN BRIDGEWATER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CUMBERLAND FARMS OF MASSACHUSETTS

DOING BUSINESS AS CUMBERLAND FARMS #2318

ADDRESS 1001 PLEASANT STREET

CITY/TOWN: BRIDGEWATER

STATE: MA

ZIP CODE: 02324

MANAGER: PEREZ, ANA J.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4158 SQ FT..CHECKOUT COUNTER, COFFEE COUNTER, FOUNTAIN SODA COUNTER AND
FOOD SERVICE COUNTER..FRONT ENTRANCES...SINGLE SIDE ENTRANCE..

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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